



For office use only:

Year: _____

License No.: _____

**APPLICATION FOR CLASS D CONTRACTOR/OWNER LICENSE
NEW APPLICATION
\$150.00**

BUSINESS NAME _____

BUSINESS ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

BUSINESS PHONE _____ FAX _____ CELL PHONE _____

MAILING ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

PROVIDE ONE: _____ FIN = Federal Identification Number _____ EIN = Employer Identification Number _____ SSN = Social Security Number _____

OWNERS NAME _____

INSURANCE INFORMATION

NAME OF INSURANCE COMPANY (LIABILITY) _____ AGENT'S NAME _____ AGENT'S PHONE NUMBER _____

AGENT'S ADDRESS _____ (Street) _____ (City) _____ (State) _____ (Zip)

In Accordance with Salina Code Sec. 8-195 a minimum of \$500,000 of public liability insurance is required and workers compensation maybe required by the State of Kansas.

QUALIFYING INDIVIDUAL

PLEASE PRINT NAME: _____ SIGNATURE _____ DATE _____

- *An individual may not be the qualified individual for more than one licensee; however, this individual may be the qualified individual for multiple building contractor licenses for the same licensee.*
- *If the originally designated qualified individual for a provisional building contractor licensee becomes no longer associated with the licensee for any reason (the "date of disassociation") the provisional building contractor license shall terminate and be of no further force or effect. The licensee shall immediately notify the city clerk in writing of the date of disassociation. The licensee shall not be allowed to substitute any other person as the designated qualified individual unless that individual is qualified in accordance with Section 8-175.1. No further permits or inspections shall be granted to the licensee from the date of disassociation until the licensee has designated a qualified individual in accordance with Section 8-173. If the licensee has not designated a qualified individual in accordance with Section 8-173 within thirty days after the date of disassociation, work on all permits previously issued to the licensee shall be suspended until the licensee has designated a qualified individual in accordance with Section 8-173.*

QUALIFICATIONS:

Have you been registered with the City of Salina for at least 2 years? ☐ YES ☐ NO

Have you obtained at least one building permit (with occupancy certificate) from the City of Salina within the previous 2 years? ☐ YES ☐ NO

I hereby certify that the above information is true and correct and that I have read and understand the requirements applicable to issuance of this license. If any of the information provided on this application is found to be false or incorrect, this license may be suspended or revoked.

PRINT NAME

SIGNATURE

DATE

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Date Application Approved:_____

Application Approved/Denied by _____

Date Application Denied:_____

Good through 12/31/_____

Amount Paid \$ 150.00 Receipt No. _____ Date: _____ Received By: _____

04/27/2007

ATTENTION APPLICANTS

If you are a **currently registered tradesman** and are applying for a provisional or regular license, you are entitled to one \$25.00 credit for the registration fee you have already paid. Please submit \$125.00 with the first new application, if you are applying for more than one license, you will have to pay the full \$150.00 for the remaining applications.

If you are a **currently registered contractor** and are applying for a provisional or regular license, you are entitled to one \$55.00 credit for the registration fee you have already paid. Please submit \$95.00 with the first new application, if you are applying for more than one license, you will have to pay the full \$150.00 for the remaining applications.

If you have any questions regarding the fee, please call the City Clerk's Office at 785-309-5735.